

## 74 Weber: *Persistent Erythema*; MacCormac: *Ringworm of Scalp*

Dr. A. M. H. GRAY said he thought this case belonged rather to the "dermatitis herpetiformis" group, as at present there were erythematous lesions on the body, apart from bullæ. He agreed with Dr. Graham Little, however, as to the practical impossibility of differentiating these cases; and this view was strongly held in America. Some authorities said that the conditions could not be distinguished until the patient had died.

With regard to analysis of the stomach contents, the mere determination of absence of hydrochloric acid, without employing a fractional test-meal, was not of much value unless a fractional test-meal had been given. He asked whether the total chlorides in this case were known. Dr. Bolton had clearly shown that the acidity of the stomach depended largely on the amount of regurgitation from the duodenum.

*Postscript* (March 28, 1927): The patient, J. G., suddenly developed severe facial erysipelas on March 18, which spread rapidly over the body, and terminated fatally on March 20. He had recovered from an attack of erysipelas about two years previously. A post-mortem examination showed, by microscopical examination, extensive non-inflammatory, systematized, interacinous, lymphocytic infiltration of the liver, characteristic of chronic lymphatic leukæmia. The spleen was about six times the size and weight of a normal spleen, and microscopical examination showed that this was due largely to lymphocytic infiltration, and not merely to the acute fatal erysipelas. There was old, chronic thickening of the splenic capsule. The kidneys, by microscopic examination, showed scattered patches of lymphocytic infiltration. The chronic lymphocytosis and enlargement of the superficial lymph-glands observed during life were, therefore, certainly due to a condition of chronic lymphatic leukæmia. In fact, the supposed "lymphocytosis" was leukæmic and not a true lymphocytosis.—F. P. W.

### **Persistent Erythema, with Ischæmic Circulation in the Left Foot, possibly in part connected with Prolonged Use of a Plaster Bandage for Tuberculous Disease of the Left Knee.**

By F. PARKES WEBER, M.D.

THE case has been described in the *Proceedings* of the Clinical Section Meeting of February 11, 1927.<sup>1</sup>

Dr. H. C. SEMON said he had been called in to treat a case in which peri-arterial sympathectomy had been performed for incipient gangrene, in an elderly man. His foot had been saved by the operation, but subsequently an intractable ulcer had developed in the region of the heel. He (Dr. Semon) thought that this had occurred as a result of the operation, and that care was necessary in deciding as to surgical treatment in these cases.

### **Ringworm of the Scalp in an Adult.**

By H. MACCORMAC, C.B.E., M.D.

THE patient is a railway employee, aged 29. His occupation does not bring him into contact with horses, and it has not been possible to discover the source of his infection. The lesion, which is on the left side of the head, is stated to have developed abruptly four or five weeks ago, and now presents the appearances of a modified inflammatory ringworm of the scalp; the diagnosis has been confirmed by the discovery of a large-spored fungus in the hair.

<sup>1</sup> See *Proceedings*, 1927, xx (Clin. Sect.), 46.